

County of Kings - Department of Public Health

Environmental Health Serivces Division 330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040 Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: C.A. PLAZA	BUSINESS PHONE: (559) 583-0781	RECORD ID#: PR0000563	DATE: February 26, 2021	
FACILITY SITE ADDRESS: 600 N IRWIN ST	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: ROUTINE INSPECTION	
OWNER NAME: CHANCAL S MAMAN	CERTIFIED FOOD MANAGER: Not Specified	EXP DATE:	INSPECTOR: Paven Batth	
The items (if any) listed below identify the violation(s) that must be on the conducted (if needed) at no charge. A serv				
Violation: None Noted				
General Comments:			_	
Temperature Control: Proper cold holding temperatu prepackaged food.	res were measured during the i	nspection. Currently	, facility sells only	
Restroom: Restroom was fully stocked. Hot and cold	water was readily available as	well.		
General Sales: Retail food sales area was noted be	well maintained.			
Maintenance & Equipment: Ancillary equipment was	noted to be well maintained and	d fully functional.		
Other Comments: Currently, no hot holding food is so will not serve hot holding food like hot dogs or corn d protocol, self-serve is not allowed due to potential ris certifications for food safety (i.e., Food Safety Managby this facility if hot holding food is being served. Cur	logs until COVID-19 is maintain k of exposure. Please note, reg ger Certification and California l	ed. Under State pub ulatory requirement Food Handler Card)	olished COVID-19 s such as updated	
		Reinspection I	Required: Yes: No: X	
RESULTS OF EVALUATION: X PASS NEEDS IMPROVEMENT FAIL Reinspection		Reinspection I	Potential Food Safety All Star:	
		I		
No Symptof due to COVID-19 PS-+-CII		Paven B	atth	
Received By:		Agency Representative		

DAD2MEDKX 10:00 AM Page 1 of 1

NOTE: This report must be made available to the public on request



County of Kings - Department of Public Health

Environmental Health Serivces Division 330 Campus Drive Hanford, CA 93230 Phone - 559-584-1411 Fax - 559-584-6040 Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: C.A. PLAZA	BUSINESS PHONE: (559) 583-0781	RECORD ID#: PR0000563	DATE: August 03, 2020
FACILITY SITE ADDRESS: 600 N IRWIN ST	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CHANCAL S MAMAN	CERTIFIED FOOD MANAGER: AMARDEEP SINGH (N/A)	EXP DATE: 1/30/2018	INSPECTOR: Veronica Ochoa -REHS
he items (if any) listed below identify the violation(s) that must be the reinspection will be conducted (if needed) at no charge. A ser			
Violation: None Noted			
General Comments:			
This facility was equipped with hot water, soap, and The cold holding unit storing dairy food items measure. This facility was observed only selling prepackaged. Due to the COVID-19 pandemic, it is recommended leaving cups and lids for the customer to grab on the Employees at this facility were observed wearing face.	ared at 38F. food items as well as fountain beve that the cups and lids be handed to eir own. ce masks to help slow the spread of	the customer. Ple	
Due to the COVID-19 pandemic, no signature was o	btained for this inspection report.	Reinspection Re	equired: Yes: No: X
RESULTS OF EVALUATION: X PASS NEE	DS IMPROVEMENT FAIL	Reinspection Date (on or after): N/A Potential Food Safety All Star:	
Enailed to generater Received By:		Veronica Ochoo	· · · · · · · · · · · · · · · · · · ·

NOTE: This report must be made available to the public on request



County of Kings - Department of Public Health

Environmental Health Serivces Division 330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040 Internet - www.countyofkings.com/health/ehs

OFFICIAL INSPECTION REPORT

ACILITY NAME:	BUSINESS PHONE:	RECORD ID#:	DATE:
C.A. PLAZA	(559) 583-0781	PR0000563	March 25, 2020
FACILITY SITE ADDRESS: 600 N IRWIN ST	CITY: HANFORD	ZIP CODE : 93230	INSPECTION TYPE: PUBLIC INFORMATION/EDUCATION
OWNER NAME:	Program Description:	EXP DATE:	INSPECTOR:
CHANCAL S MAMAN	1107 - KINGS DPH COVID-19	1/30/2018	Yatee Patel - REHS
The items (if any) listed below identify the Health Code of the reinspection will be conducted (if needed) at no characters.			
iolation: None Noted			
eneral Comments:			_
The staff is aware of social distancing by requestir staff.	g that customers keep apart a minin	num of six feet fron	n each other and
Staff is practicing safe food handling procedures to temperatures, and WASH HANDS.	protect food from contamination, m	nonitor hot & cold h	olding
Staff uses sanitizing solution (chlorine 100ppm or the risk of contamination. All work surfaces should			
Under no circumstances are employees who feel s gastrointestinal (i.e. vomiting or diarrhea) symptom		ever, coughing or s	sneezing) or
An investigation was conducted today to review ar followed. The report will be emailed to the owner/or		• •	•
einspection Required: Yes: No: X	Reinspection Date (on or afte	er): Not Spe	cified
		Yat	ee Patel - REHS

DA0305323 4:25 PM Page 1 of 1